

INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Complete if Known	
				Application Number	10/600,634
				Filing Date	06/20/2003
				First Named Inventor	Gunderson et al.
				Art Unit	1637
				Examiner Name	Bertagna, Angela Marie
Sheet	1	of	2	Attorney Docket Number	01-00003

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number/Kind Code ²	Publication Date (mm-dd-yyyy)	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
/AB/	1	US 2001/0053334	12-20-2001	Chen et al.	
/AB/	2	US 2002/0006622	01-17-2002	Bradley et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code*-Number*-Kind Code ²	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ³

Examiner Signature	/Angela Bertagna/	Date Considered	05/01/2007
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¹ Applicant's unique citation designation number (optional). ² See Kind Codes of USPTO Patent Documents at www.uspto.gov or MPEP 801.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.87 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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NON PATENT LITERATURE DOCUMENTS			
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/AB/ ↓	3	BRENNER, S. et al., "Gene Expression Analysis by Massively Parallel Signature Sequencing (MPSS) on Microbead Arrays," Nature Biotechnology, 18: 630-634 (2000).	
	4	CHUNG, J. et al., "Repair activities of β -oxoguanine DNA glycosylase from <i>Archaeoglobus fulgidus</i> , a hyperthermophilic archaeon," Mutation Research, 486: 99-111 (2001).	
	5	IRIE, T. et al., "Automated DNA fragment collection by capillary array gel electrophoresis in search of differentially expressed genes," Electrophoresis, 21(2): 367-374 (2000).	
	6	KROKAN, H. et al., "DNA glycosylases in the base excision repair of DNA," Biochem. J., 325(1): 1-16 (1997).	
	7	VAUGHAN, P. et al., "Glycosylase mediated polymorphism detection (GMPD)—a novel process for genetic analysis," Genetic Analysis: Biomolecular Engineering, 14: 169-175 (1999).	
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This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT BY APPLICANT		Substitute for form 1449/PTO		Complete if Known			
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